

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PHAGE-RESISTANT MICROORGANISMS AND GENETIC DETERMINANTS OF PHAGE RESISTANCE
Attorney Docket Number::	2503-1002
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	

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Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: GIOVANNI  
Middle Name::  
Family Name:: MOGNA  
City of Residence:: NOVARA  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA P. CUSTODI, 12

City of Mailing Address:: NOVARA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-28100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: PAOLO  
Middle Name::  
Family Name:: STROZZI  
City of Residence:: NOVARA  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA P. CUSTODI, 12

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City of Mailing Address:: NOVARA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-28100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: SIMONA  
Middle Name::  
Family Name:: DI LORENZO  
City of Residence:: PIACENZA  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA AMENDOLA, 37  
  
City of Mailing Address:: PIACENZA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-29100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: VITTORIO  
Middle Name::  
Family Name:: BOTTAZZI  
City of Residence:: PIACENZA  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA EMILIA PARMENSE, 84

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City of Mailing Address:: PIACENZA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-29100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY

Status:: Full Capacity  
Given Name:: LUISA MARIA  
Middle Name::  
Family Name:: CALLEGARI  
City of Residence:: PIACENZA  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA EMILIA PARMENSE, 84

City of Mailing Address:: PIACENZA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-29100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: LORENZO  
Middle Name::  
Family Name:: MORELLI  
City of Residence:: PIACENZA  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA EMILIA PARMENSE, 84

City of Mailing Address:: PIACENZA  
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State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-29100

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP00/05503	6/15/2000

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI99A001654	7/27/99	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::